

MONTANA LIVESTOCK LOSS BOARD
PO BOX 202005
HELENA MT 59620-2005
(406) 444-5609 FAX(406) 444-5606
Website: www.llb.mt.gov

LOSS REIMBURSEMENT APPLICATION

PLEASE PRINT

LIVESTOCK OWNER NAME: _____

Name of business entity or individual applying for payment

ADDRESS: _____

PO Box or Street

City

State

Zip Code

TELEPHONE # _____ Email _____

ADDITIONAL CONTACT NAME: _____

Name of person in charge or authorized agent

DEPREDAATION INFORMATION: *(Only losses due to gray wolves, grizzly bears or mtn lions)*

Date of depredation: _____ County: _____

Type of animal: ☐ Cattle ☐ Sheep ☐ Horse ☐ Mule ☐ Swine ☐ Goat ☐ Llama
☐ Livestock Guard Animal (list animal type) _____

Number of animals _____ (Use a separate form if animals are different sex and age.)

Breed of animal _____ *(If registered, must include proof of registration)*

Age of animal _____ (months/years)

Sex of animal _____ (male/female) _____ (gelded, spayed, neutered)

Average weaning weight _____ lbs. *(calves or lambs less than one year old)*

Estimated weight of animal _____ lbs. *(animals greater than one year old)*

(Either the average weaning weight or estimated weight must be completed)

Was the animal branded ☐ Yes ☐ No

If yes, brand location _____ *and* draw brand



Tribal Members Per-Capita Exemption

Name of Tribe _____ Tribal Enrollment Number _____

Optional: Were any loss prevention methods used? ☐ Yes, method _____ ☐ No

ATTACH A COPY OF THE WS DEPREDAATION INVESTIGATIVE REPORT & W-9 FORM TO THIS APPLICATION. Claims will not be processed without these forms attached.

Signature of Applicant or Authorized Agent

Date